



ALCOHOLIC BEVERAGE COMMISSION

500 James Robertson Parkway, 3rd Floor
Nashville, TN 37423
615-741-1602

One Commerce Square
40 South Main St.
4th Floor, Suite 415
Memphis, TN 3103
901-543-7284

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434

Business Check, Money Order or Cashier's Check ONLY

**APPLICATION FEE
NON-REFUNDABLE**

**APPLICATION FOR PERMIT TO SELL
ALCOHOLIC BEVERAGES**

ALL signature spaces MUST be
signed and notarized

RETAIL FOOD STORE

Date: _____, 20____

Name of Corp./LLC/LP, person, etc.: _____

hereby makes application for a permit to sell wines with an alcohol content less than 18% at the following location.

Doing Business As: _____

Business Address: _____ Business Tel: (____) _____ Fax: (____) _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address (if different): _____
Street Address City State Zip

Email Address: _____ Web Site Address: _____

1. Are you, and all principals of applicant, United States Citizens or legally residing in the United States? _____ All applicants, and principals of applicant, must complete Form AB-0116- Declaration of Citizenship.
2. Have you or any other person having any direct or indirect interest in the applicant ever been convicted of any criminal offense under the laws of the State of Tennessee, of any other State or of the United States prohibiting, regulating the sale, possession, transportation, storing, manufacturing or otherwise handling intoxicating liquors or any other felony offense within ten (10) years preceding the date of this application? _____ If yes, please explain on an additional sheet of paper and attach.
3. Have you or any other person having any direct or indirect interest in the applicant ever been cited to appear before the Commissioner of Revenue or the Tennessee Alcoholic Beverage Commission and charged with a violation of the law or rules and regulation made pursuant to law? _____
4. In whose name is the Alcohol Dealer Registration (TTB F 5630.5d) as a retail dealer (retail wine in food store) issued for this location? _____

5. Give the names and addresses of all persons related to you or principles of applicant by blood, marriage, or otherwise (including yourself) who own, operate, or have any direct or indirect interest in a licensed Retail Liquor Store, Retail Food Store, Wholesale Distributor, Distillery, Supplier or Liquor-By-the-Drink? Please provide details related to the name and nature of the business. _____
6. Give the names and addresses of all persons, other than those shown on this application, who have any direct or indirect interest, e.g. financial, stock ownership, loans, gifts, or securing loans, or otherwise, provided on applicant's behalf for carrying on said business. _____
7. Do you own or operate a liquor-by-the-drink establishment? _____ If so, is it separate from the retail food store _____
8. Give the names and addresses of all persons, other than those shown on the application, who share in the profits from this business and state their interest. _____
9. Give the name and address of the owner of the premises on which the business is to be located and the amount of the rent. Submit a copy of all leases, sub-leases and/or assignments entered into for this applicant. _____
10. Do you sub-lease, franchise or otherwise permit any person to occupy any of the space covered in this lease? _____ If so, state the name of the person(s) and the type(s) of business(es) being operated _____
11. Please identify by name and manager permit number all certified and designated managers _____
12. Are all clerks responsible for the sales of wine certified pursuant to a Responsible Vendor Training Program? _____
13. Give the name(s) and address(es) of other business(es) in which applicant or principles of applicant are engaged. _____
14. Do you agree to accept full responsibility for the action of any member or principal of the applicant or any person employed by applicant in the conduct of applicant's business? _____
15. If this an application for a renewal license, state whether you received any additional or new financial assistance, loans, or otherwise, during the previous year? _____
16. If the answer to question 16 is "yes", state all facts and details in connection with said financial assistance, loans, etc. _____
17. If you are indebted to the State of Tennessee for any tax, state the tax and amount. _____
18. Furnish Tennessee Sales Tax Registration Number _____
19. Give name and address of any relative employed by the Tennessee Alcoholic Beverage Commission. _____
20. Is the proposed location for the retail food store located in a municipality or county which has approved sales of wine by retail food stores by local option pursuant to § 57-3-106? _____
21. Does applicant derive at least twenty percent (20%) of its sales taxable sales from food and food ingredients for human consumption? _____
22. Does the establishment have at least one thousand two hundred (1200) square feet of retail floor space? _____

23. Does applicant acknowledge that it is prohibited from receiving any remuneration, by whatever name, within or outside Tennessee affecting the profitability of wine sales in Tennessee? _____

All data, written statements, affidavits, evidence or other documents submitted in support hereof, or upon bearing hereon, shall be deemed to be a part of this application.

The applicant or applicants agrees that the place for which application is made will be operated in conformity with Chapter 257, Public Acts of 1963, and in conformity with all applicable rules and regulations made pursuant to law, which are now, or may hereafter be, in force.

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING FALSE OR INCOMPLETE INFORMATION IS GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT

Application Authorized By _____
Print Name, Applicant

Signature, Applicant

Subscribed and sworn to before me on this _____ day of _____, 20_____.

My commission expires _____

Notary Public

Notary Seal



The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other non-merit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION

Contact the agency ADA coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available upon request.